LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

1.2

LOBBYISTS (Sec. 67-6619)

 $\begin{array}{c} \textbf{Page} \underline{\hspace{0.2cm}} \text{ of } \underline{\hspace{0.2cm}} \textbf{Page}(s) \\ \text{THIS SPACE FOR OFFICE USE ONLY} \end{array}$

2005 JAM -6 AM 0:27

STATE OF BAND

A -	's name and p	Period covered									
Arlen Wittrock							01/64/2005			year ending	
AM	1 50	יאת ה"כם התם	Inctor, Inc.				,		(Mo.) (Day) (Yr.)	
23	00 B	uckski	Rd- Prost	٤١)، ا	83 z	01			12	31 04	
Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.											
Reimburse	tegory of Ex	ing and Travel	* Total Amount for		roportionate amounts contributed by each employer (Identifier 3, at bottom of page.)					s, under	
	Not Have to be	bbying Activity e Reported	All Employers	Employer No.		. 1	Employer No. 2	Employer No. 3 Employ		Employer No. 4	
Enterta Food a	inment nd Refreshm	nent	\$	s			s	\$		s	
Living	Accommoda	ations					g.a				
Advert	ising										
Travel				l		_					
Teleph	one			<u> </u>							
Other I	Expenses or	Services									
Total S O S Semi							inctor	\$		\$	
**	When the num	iber of employers	 s you are reporting for requ	ires multiple	L-2 for	ms to be	filed a total amount for	 or all employ	ers should be	entered on Page 1.	
Item	The totals		iture of more than fifty				or or other holder o	f public off	ice.		
2	Date		Place		An	nount	Names	of Legislator	s & Public Of	fficials in Group	
			• ••								
	Continued on	attached page(s)		l			l				
INSTRUCTIONS							Er	nployer(s) Name(s) and Address(es)			
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.						No.1 2300 Buckskin Rd. Poce telle, ID 83201					
Fili	ng deadline	: Annual repo	ort is due on January 31	st.		No.2					
TO BE FILED WITH: Ben Ysursa Secretary of State											
PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282											

Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible personal property to any Legislator, or for or on behalf of any legislator.												
•	Date	Amount		Name of Legislator Receiving or Benefited								
	Subject m	atter of proposed legislat	ion, the number of the Senate		LEGISLATIVE SUB	JECT	IDENTIFICATION					
Item 5	or House Bill, Resolution or other legislative activity in which											
Subject (from	Code Bi	rist was supporting or o	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11	Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, dederal Government, municipal Government, special districts Government, state	20 21 22 23 24 25 26 27 28 29 30 31	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)					
CERTIF	PICATION:	I hereby certify that the	above is a true, complete and		Employer No. 2 signature Employer No. 3 signature		Date Date Date Date Date					
correct	statement in	accordance with Section	n 67-6624 Idaho Code.		Employer No. 4 signature		Date					